

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF SECURITIES

FORM 4-1 IAR

Application for Renewal of Investment Adviser License

A. Firm Information

Entity Number: Firm Name: Address: Contact Person: Telephone: Designated Official:	
<i>Make necessary changes below</i>	
Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone:	
Designated Official:	

B. Annual Report:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has your firm amended its form ADV during the last calendar year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your firm require payment of advisory fees six months or more in advance and in excess of \$500 per client? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your firm have custody or possession of clients' funds or securities? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your firm delivered or offered to deliver a written disclosure statement in lieu of Part II of Form ADV during the last calendar year of the licensing period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your firm manage client securities portfolios on a discretionary basis? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" to any question, see instructions.

C. Representatives

Renewing Representatives:

*Cross out any representative you **do not** wish to renew. Indicate whether each renewing representative has amended their Form U-4 during the past year.*

<u>Entity Number</u>	<u>Representative Name</u>	<u>Amended U4 (Y/N)</u>
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New Representatives:

For each new representative, provide the appropriate information in the space below and enclose a Form U-4 and proof of passing the Series 65 or 66 exam.

<u>Representative Name</u>	<u>Office Address</u>	<u>Social Security #</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By: _____ (Designated Official)

Date: _____

Print: _____